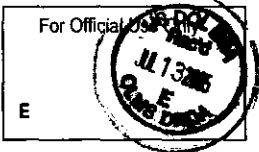


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U <u>2946</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Beverly</u> <u>Kreisberg</u> P.O. Box, Bldg., Room No., if any Street <u>1625 L Street</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	4. Name, file number, and address of labor organization. Name <u>AFSCME</u> Labor Organization File Number <u>000289</u> P.O. Box, Building and Room Number, if any Street <u>1625 L Street</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20005</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Beverly Kreisberg</u>	On <u>7-5-05</u> Date	<u>202-429-1079</u> Telephone Number

Name of Person Filing Beverly Kreisberg

File Number U-

2946

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Union Privilege

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1125 15th St., NW

City Washington

State District of Columbia

ZIP Code + 4 20005

14.a. Nature of payment.

Hotel Accommodations	Liaison Conference	\$510.72
Liaison Award		100.00
Lunch Meeting		34.74
Dinner Meeting		76.69
Lunch Meeting		28.84

13.b. Is the Business an Employer



or Consultant

?

14.b. Amount of payment.

\$751

Name of Person Filing Beverly Kreisberg

File Number U- 2946

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Chase Mortgage

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 East Campus View Dr

City Columbus

State Ohio ZIP Code + 4 43234-1950

14.a. Nature of payment.

Dinner Meeting - Mortgage Program	\$54.67
Dinner Meeting - Mortgage Program	130.17

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$185

Name of Person Filing Beverly Kreisberg	File Number U- 2946
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>													
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Household (HCS)</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite 520</p> <p>Street 1401 Eye St., NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20005</p>	<p>14.a. Nature of payment.</p> <table style="width:100%"><tr><td>Dinner - Union Plus Card Program</td><td style="text-align: right;">68.34</td></tr><tr><td>Liaison Conference Dinner Card Program</td><td style="text-align: right;">80.01</td></tr><tr><td>Liaison Conference Dinner Card Program</td><td style="text-align: right;">130.66</td></tr><tr><td>Liaison Conference Food/Beverage Card</td><td style="text-align: right;">50.25</td></tr><tr><td>Lunch Union Plus Card Program</td><td style="text-align: right;">54.28</td></tr><tr><td></td><td style="text-align: right;">45.23</td></tr></table>	Dinner - Union Plus Card Program	68.34	Liaison Conference Dinner Card Program	80.01	Liaison Conference Dinner Card Program	130.66	Liaison Conference Food/Beverage Card	50.25	Lunch Union Plus Card Program	54.28		45.23
Dinner - Union Plus Card Program	68.34												
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Liaison Conference Dinner Card Program	130.66												
Liaison Conference Food/Beverage Card	50.25												
Lunch Union Plus Card Program	54.28												
	45.23												
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$429</p>												